

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34221

BIRTH NO. _____		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>4359</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Point Pleasant</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Point Pleasant</u> <u>0720</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Point Pleasant</u>				d. STREET ADDRESS (If rural, give location) <u>Point Pleasant</u>			
3. NAME OF DECEASED (Type or Print) <u>Matilda</u>		a. (First)		b. (Middle)		c. (Last)	
				<u>Brock</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 21, 1863</u>		9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Anna, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Warren Moss</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dave Cneney Point Pleasant, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis, etc.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>August, 1946</u> , to <u>Sept 28</u> , 1950, that I last saw the deceased alive on <u>Sept 27</u> , 1950, and that death occurred at <u>10:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Claude M. T. Raven</u>				23b. ADDRESS <u>Manassas</u>		23c. DATE SIGNED <u>Sept 30, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-50</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home 808 Ward Ave. Caruthersville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

TO ORDER

FILE NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. Denver Pike

Signed _____

Student Embalmer

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.